

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10 643817		Filing Date					
						Applicant(s)							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend							
1							32						
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47							98						
48							99						
49							100						
50													
Total							Total						
Indep	2						Indep						
Depend	33						Depend						
Total	35						Total						